

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	Y					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

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